

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		✓/3	12/19/00
<b>FORMALITY REVIEW</b>		✓/3n	4/17/01
<b>RESPONSE FORMALITY REVIEW</b>	SLC	809	7-19-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 : ..... Restricted 0 ..... Objected

Claim	Date
Final	9/6
Original	2013
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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